

Annual Report

September 1, 1995 - September 30, 1996

Management Sciences for Health
Philippines Program Management Technical Assistance Team Services (PMTAT)
USAID Contract Number: 492-0480-C-00-5093-00

ANNUAL PERFORMANCE REPORT

PROGRAM : Integrated Family Planning Maternal Health Program (IFPMHP),
No. 492-0480

CONTRACT NO. : 492-0480-C-00-5093-00

CONTRACTOR : Management Sciences for Health (MSH)
Subcontractors: Development Associates, Inc.
Economic Development Foundation

REPORTING PERIOD: FROM: September 1, 1995 TO: September 30, 1996

DATE REPORT SUBMITTED:

REPORT NO. 04

SECTION I - CONTRACTOR'S REPORT

A. PROGRAMMATIC INFORMATION

1. Performance Objectives

The Integrated Family Planning and Maternal Health Program (IFPMHP) is a USAID-assisted intervention to improve the health of mothers and children in the Philippines. It aims to reduce the population growth rate and decrease maternal and child deaths by addressing the unmet need for family planning and by improving the utilization of FP and child survival services. To help achieve this goal, the Program Management Technical Assistance Team (PMTAT) contract has been awarded to Management Sciences for Health (MSH) to assist the DOH and LGUs expand access to FP and CS services. The PMTAT contract became effective on September 1, 1995 and has an estimated completion date of September 30, 1999. MSH is assisted in this effort by subcontractors Development Associates, Inc. (DAI) and Economic Development Foundation (EDF). The performance objectives of work to be done under this contract are reflected below:

- 1. A competency-based training program for clinical family planning skills designed by the end of year two and implemented by the end of year three.**
- 2. 223 family planning training programs and 6700 DOH and LGU employees trained. These training programs will include, but not be limited to, family planning clinical skills, information education and communications, interpersonal communications skills, counselling, and clinic management.**
- 3. Workshops for an average of 20 new LGUs each year, for a cumulative total**

- of up to 100 LGUs, to prepare them to enter and participate in the Local Performance Program conducted.
4. **Training program and technical assistance to existing LPP participants which will enable at least 75% of LGUs participating in the LPP for the year to meet their benchmarks.**
 5. **System established within OPHS for documenting progress toward meeting benchmarks. DOH/OPHS is managing a nationwide system to monitor the LPP. It produces an annual report on status and progress of FP Program and is prepared as part of the annual review process.**
 6. **System established, in collaboration with the DOH/OPHS, for deselecting LGUs which do not meet their benchmarks from the LPP.**
 7. **An urban strategy which improves access to FP/MCH services developed by the end of year two and fully operational by the end of year four.**

To accomplish these objectives, the PMTAT works collaboratively with the Department of Health (DOH) and Local Government Units (LGUs) in performing the following general activities:

For the DOH:

The PMTAT supports the efforts of the DOH's Office of Public Health Services (OPHS) to develop, manage and sustain its national family planning program. Toward this end, the PMTAT will provide the following general assistance under this contract:

- a. **Assist OPHS to identify how it can re-orient its operations to support LGUs in their provision of high quality, comprehensive family planning services and key MCH services (i.e., Expanded Program of Immunization, Control of Acute Respiratory Infection, Control of Diarrheal Diseases and Micronutrient Supplementation).**
- b. **Assist OPHS to develop and implement a nationwide system to manage and monitor the performance of the LGU Performance Program;**
- c. **Assist OPHS to develop, implement and monitor special program strategies for FP/MCH in urban areas.**
- d. **Assist OPHS to establish a national family planning program monitoring information system (MIS) based on the use of available, secondary data.**
- e. **Assist OPHS to redirect training for FP service providers so that all future training is competency-based and supported by accreditation of training institutions of certification of trainees.**

For the LGUs:

In collaboration and working with OPHS, the PMTAT will:

- a. Assist LGUs to develop initial and annual FP/MCH program plans which meet DOH standards, to implement those plans and to monitor the results of their programs.
- b. Assist LGUs to develop program performance monitoring and reporting systems, and to use that information to improve the effectiveness of their programs.
- c. Assist LGUs to develop program management systems necessary to support FP/MCH service delivery.
- d. Assist LGUs to expand the role of the private sector in the provision of FP/MCH services.
- e. Assist LGUs to identify and introduce financing mechanisms for FP/MCH services, including the potential for cost recovery or fees for selected services.

SUMMARY:

The accomplishments of the PMTAT during the first year of project operations can be summarized into three major categories:

1. Establishing and Organizing the Project Management Technical Assistance Team

Within the first month of project operations 7 of the 9 PMTAT Advisor positions including 5 local support staff were hired and deployed. A team orientation workshop was conducted in October of 1995 which resulted in the preparation of the 1996 Annual Operational Plan. With the recruitment of the Urban Advisor in April, 1996 all of the technical positions in the team were filled-up except for the National Program Monitoring Advisor position. A qualified candidate for this position has already been identified and the process for his recruitment is underway. Negotiations with the two subcontractors (EDF and DA) were finalized and approved by USAID in March of 1996. Prior to this approval, presubcontract agreements were executed and authorized to ensure that subcontractor activities go unhampered. Other accomplishments in this area are as follows:

- a. Strengthening/Establishing PMTAT financial and administrative management systems which resulted in the preparation of a handbook
- b. Initiated the procurement of PMTAT vehicles and project equipment
- c. Conducted a review of the existing PMTAT contract and submitted a proposal to modify the technical focus of the PMTAT and its organizational structure.

2. Assistance to the DOH

Most of the efforts of the PMTAT during the first six months of project operations focused on strengthening the IFPMHP project management structure. This entailed a series of activities starting with a review of the roles and responsibilities of the various entities involved in IFPMHP and culminated in the designation of the IFPMHP component managers, the organization of the National and Regional Technical Assistance Teams and beefing up of the PMO staff. The roles of the regional offices and the RTAT members were clarified and later formalized through the issuance of a joint DOH-POPCOM memorandum.

The efforts to strengthen the management of IFPMHP resulted in better involvement of the DOH and POPCOM staff especially in providing assistance to LGUs. It also paved the way for establishing regular meetings among CAs involved in the LPP and meetings across projects. These also led to better coordination among the cooperating agencies and a more systematic way of tracking the progress of the status of the IFPMHP benchmarks.

Aside from helping the DOH strengthen the project management, the PMTAT also helped the DOH in specific technical areas as summarized below:

- a. Assisted the DOH in developing a Plan for the Provision of Technical Assistance to LGUs.
- b. Assisted the DOH develop a Training Strategy for RH/FP.
- c. In collaboration with the CEDPA Resident Advisor, assisted the DOH in preparing the updated CY 1995 Status Report for FP, MCH and Nutrition.
- d. In collaboration with FPMD of MSH, assisted the DOH develop a framework for a management information system for the FP, MCH and Nutrition programs. This framework will be the basis for the FP, MCH and Nutrition MIS Strategy.
- e. Assisted the DOH in making the 1995 annual presentation of IFPMHP accomplishments and benchmark compliance to USAID.
- f. Assisted the DOH in meeting other conditions for the release of the 1996 tranche (development of 1996 IFPMHP Implementation Plan, benchmark setting and preparation of GOP counterpart reports).
- g. Assisted the DOH in facilitating the release of the 1996 tranche to recipient LGUs.
- h. Assisted the DOH in strengthening the planning and monitoring systems/guides under LPP by streamlining the tools, procedures and forms used.
- i. Assisted the DOH conduct a mid-year benchmark review for the 1996 IFPMHP benchmarks.
- j. Assisted the DOH in troubleshooting LGUs that had difficulty meeting their benchmarks or had problems in their willingness to participate in the LPP

3. Assistance to LGUs

The PMTAT through the DOH and POPCOM staff, specifically the members of NTAT and RTAT, assisted the LGUs develop and expand local capability to provide population, FP, and selected child survival services. The technical assistance involved the conduct of workshops, orientation and monitoring visits and review of pertinent documents.

Below is a summary of the results of this assistance as reflected in the status of the LGUs' capability to meet the 1996 benchmarks (as of Sept. 30, 1996) :

- a. For the nineteen (19) newly selected, Batch 3 or Blue LGUs
 - a.1. All nineteen have already developed and submitted the first draft of their annual comprehensive plans
 - a.2. All nineteen have a functional CDLMIS
 - a.3. Twelve of the nineteen have already issued an Administrative Order specifying the functions of the local health and population offices
- b. For the twenty eight (28) continuing LGUs
 - b.1. Twenty five have already developed and submitted at least the first draft of their annual comprehensive plans
 - b.2. All twenty eight have met their CDLMIS benchmarks 5 Packages Office Equipment/Auto Parts
 - b.3. Fourteen LGUs have already submitted to the Regional Health Offices their FHSIS or similar reports
 - b.4. Fifteen LGUs have updated their procurement tracking forms
 - b.5. Twelve LGUs have already met their training benchmarks

Based on this assessment more work needs to be done within the next few weeks to ensure that the 1996 national and LPP benchmarks are met.

ACCOMPLISHMENTS:

1. Establish the PMTAT

a. Recruitment and Deployment of Staff

By April 15, 1996, 7 of the 9 positions in the PMTAT and all 5 local support staff positions were filled up. The National Program Monitoring Advisor position remained vacant as qualified candidates were difficult to find. Another position, that of the Administrative Advisor's became vacant in January, 1996 following the resignation of the staff hired in October, 1995.

Recruitment of staff to fill up these vacant positions would continue to be pursued. Presently, a qualified candidate for the Program Monitoring Advisor has been identified. The process for his recruitment is underway and should be completed by December, 1996.

b. Conduct of Team Orientation and Planning Workshop

With the help of a team of consultants from MSH-Boston, an orientation and planning workshop was conducted in October, 1995. During the workshop, the deliverables of the PMTAT were reviewed and an operational plan for 1997 was prepared and submitted to USAID.

c. Negotiation and Finalization of Subcontracts

Subcontracts with EDF and DA were finalized and approved in March, 1996. Prior to this, presubcontract agreements were executed with the subcontractors and authorized by USAID to ensure that subcontractor activities under the project would not be affected.

d. Establishment of PMTAT administrative and financial systems and procedures

Within the first quarter of operations, banking, cash transfer, cash projection and financial reporting systems were established. Existing bookkeeping, recording, personnel management, communications and other administrative systems were strengthened. A personnel handbook was developed and completed in April, 1996.

e. Procurement of PMTAT vehicles and equipment

Following the approval of the subcontracts, specifications for the vehicles and equipment to be procured under the PMTAT contract were updated and authorization was given to DA to proceed with their procurement. As of Sept. 30, 1996 the two vehicles and most of the equipment have been purchased and are expected to arrive in the Philippines in December, 1996.

f. Review of existing PMTAT contract and submission of a proposal for its modification The PMTAT conducted an internal review of the existing contract and a number of

issues were identified which would require contract modification. A TDY by Dr. Malcolm Bryant in the third quarter of 1996 highlighted the need to refocus PMTAT's efforts and resources on areas that were not explicitly emphasized under the existing contract. A proposal to restructure/reorganize the PMTAT based on these technical needs was submitted by Dr. Bryant. The mission has responded by submitting a revised SOW for the PMTAT.

The PMTAT is presently preparing a budgetary proposal in response to the revised SOW and is preparing to negotiate with the mission to finalize the modification of the contract.

2. Assistance to DOH

- a. Assist the DOH-OPHS reorient its operations to support LGUs in their provision of high quality and comprehensive FP and MCH services

The strengthening of the IFPMHP management structure involved a series of activities which culminated in the organization of the national and regional technical assistance teams. The major activities undertaken by the PMTAT in this area of assistance to DOH are as follows:

- a.1 Prepared a document that clarified the roles and responsibilities of the different services, agencies, and other stakeholders involved in IFPMHP;
- a.2 Facilitated the role clarification workshop to discuss and agree on the roles of the different services of DOH and POPCOM based on the document prepared by the PMTAT;
- a.3 Facilitated the orientation and planning workshops of DOH, POPCOM, national and regional staff on IFPMHP;
- a.4 Took the lead in the preparation, approval and submission to USAID of a document entitled Plan for the Provision of Technical Assistance to LGUs;
- a.5 Initiated the preparation and signing of a DOH-POPCOM Joint Memo Circular defining the roles of the regional offices.

These efforts/activities resulted in the following:

- More coordinated assistance for the different CAs to the DOH. Part of the strengthening process included the identification of DOH point person/anchor person for each CA/component. Clustering of assistance by component also facilitated coordination among the different agencies involved in the project.
- Better and more systematic tracking of the progress towards meeting benchmarks and program activities. With the organization of component meetings, the DOH, POPCOM, USAID and the Cooperating Agencies had a

forum to discuss the extent to which benchmarks are being met and the issues had been encountered in meeting those benchmarks.

- More involvement of technical staff from the different services. The organization of the National Advisory Committee and other Technical Working Groups in the program components paved the way for more participation from the technical staff of the different services involved. This in turn led to more thorough and substantive technical discussions in the deliberations of technical and policy issues affecting the program.
 - the regular meetings of CAs involved in the LPP national level led to better coordination of national level initiated activities involving the regional and LGU personnel, maximization of resources of CAs and DOH, and faster resolution of issues involving the LGUs.
- b. Assist DOH-OPHS develop and implement a nationwide system to manage and monitor the performance of LGUs

The assistance provided by the PMTAT in the management and monitoring of LPP covers a wide area as described below:

- b.1 Assisted the DOH in strengthening the procedures and tools used in orienting newly selected LGUs and helping the LGUs develop their comprehensive plans. Among the orientation/planning tools developed include the Orientation Guide for the NTAT/RTAT in orienting newly selected LGUs and the Local Planning Consultation Guides at the LGU level. The PMTAT also helped DOH by developing an Overall Plan Development/ Review Guide for the NTAT/RTAT which included not only the planning workshop curricula but also the revised Plan Review Guide that captured the results of plan review and action of LGUs during the feedback session. Another major effort was spent in updating the SA Guide which made use of Inventory Forms. This encouraged the National Services (FP, MCH & Nutrition) to define appropriate standards of services for health facilities. As a result of these efforts, the LGU plans are based on a more objective and more quantifiable assessment of the status of health facilities in their areas.
- b.2 Assisted the DOH update the Monitoring Guide. The Updated Monitoring Guide can be used at two levels: one for use of the NTAT in monitoring the regions and another version to be used by both the NTAT/RTAT in monitoring the LGUs. The PMTAT also helped the PMO keep track of program of benchmark compliance under the National Services component.
- b.3 Assisted the DOH in facilitating the release of the tranche to the LGUs. The PMTAT helped in amending the LPP MOA and in following-up LGUs and Regional offices which had encountered difficulty in having the MOA signed

by concerned officials.

- b.4 Assisted the DOH in troubleshooting a number of LGUs that had problems in meeting certain benchmarks or had some other concerns related to the Family Planning Program. As a result, the DOH was able to come up with a more clearcut response to LGUs with similar problems.
- c. Assist DOH meet conditions precedent to release of tranche
 - c.1 Assisted the DOH conduct a review of the 1996 IFPMHP DOH and LGU benchmarks. This review enabled the DOH to identify issues and problems critical to the achievement of the IFPMHP benchmarks.
 - c.2 Assisted the DOH in meeting other conditions precedent to the release of the 1996 tranche. The PMTAT helped the PMO in the preparation of the 1996 IFPMHP Implementation Plan, the preparation of quarterly GOP counterpart reports and in the finalization of benchmarks for the next year under LPP and the NS component.
- d. Assist DOH-OPHS to develop, implement and monitor special program strategies for FP/MCH in urban areas

A framework for the urban strategy has been developed by the Urban Advisor with assistance from a consultant from the home office in Boston. The framework is based on existing assessments of the urban health situation done by various projects/agencies such as the multilateral Urban Health and Nutrition Project (UHNP), the Safe Motherhood survey, reports from the Urban Basic Services program of UNICEF and international publications on urban health. The proposed interventions will focus on the following areas:

- Urban poor and other disadvantaged groups
- Working populations especially those who are self-employed or employed in small- or medium-scale industries
- Health needs of adolescents
- Strengthening management and advocacy skills of local officials

A Technical Working Group will be organized in the first quarter of 1997 to provide technical guidance to the Urban Advisor in the development and finalization of the Urban Strategy.

- e. Assist OPHS establish a national family planning program monitoring information system (MIS) based on the use of available secondary data.

There are two MIS-related benchmarks assigned to the PMTAT namely:

1. An Updated 1995 FP, MCH and Nutrition Status Report
2. An FP, MCH and Nutrition MIS Strategy

With regard to the 1995 Status Report, the PMTAT collaborated with the Resident Advisor of CEDPA in the preparation of said report. In this regard, there were two documents produced. The first was the full-length 1995 FP, MCH and Nutrition Status Report which was the document submitted to USAID in June 30, 1996 in compliance to National Services Benchmarks No. 8 and which had a circulation of 50 distributed to the members of the TWG, the FPS, MCHS and Nutrition Service and major donors involved with the FP program. The second document was a condensed version of the Status Report, had a more reader-friendly presentation and format and was intended for wider circulation among the other DOH offices, LGUs, other government agencies and NGOs and the private sector. Publication is expected to be completed by end of November, 1995 and disseminated in December, 1996.

Concerning the development of the MIS Strategy, the PMTAT worked with Dr. Robert Timmons, a consultant from FPMD which had an existing cooperative agreement with USAID. The consultant prepared a framework for the MIS which was discussed first within the Technical working Group on MIS and subsequently with the key players involved in MIS that included the Service Director of DOH-HIS, FPS, MCHS, and Nutrition Service. The framework consisted of an analysis of the existing MIS situation and a description of data collection systems appropriate at various levels of the health system for the national and local levels. While there were some questions on the future role of FHSIS there was general agreement on the need to supplement FHSIS with other data collection systems at the national, regional and local levels.

Based on the discussions it was agreed that the MIS consultant would prepare a draft MIS strategy. The MIS Technical Working Group would provide technical guidance and direction in the preparation of this document. The FP, MCH and Nutrition MIS Strategy is expected to be completed by end of November, 1996.

- f. Assist OPHS redirect training for FP service providers so that all future training is competency-based and supported by accreditation of training institutions and certification of trainees.

The development of a training needs assessment, the preparation and submission of a RH/FP Training Strategy, and the revision of the Training Guidelines for FP Training were the main accomplishments in this area of assistance to the DOH.

The training needs assessment identified the major gaps in the current training system as well as the strengths and opportunities that exist which can be utilized to build a more responsive and sustainable training program.

The main features of the Training Strategy are the following:

- Strengthening of the training design and methodology through the use of self-instructional and competency-based approaches

- Strengthening the institutional capability of LGUs to conduct and manage local training
- Strengthening the DOH efforts to improve the quality of training
- Improving the sustainability of the RH/ FP training system

The training strategy was completed and approved in June, 1996.

A guideline was also developed to streamline the existing criteria and procedures in the review , approval and financing of on-going training activities at the LGU level through the EDF subcontract. This resulted to a more efficient process which minimized unnecessary delays and led to better prioritization in the conduct of training courses for health care providers.

3. Assistance to LGUs

The PMTAT through the National and Regional Technical Assistance Teams helped develop the capability of LGUs to provide and expand FP, MCH, and selected child survival services. All 19 newly selected LGUs were visited and local officials given an orientation on IPFMHP and LPP. Workshops by cluster were also conducted to assist the LGUs in developing their comprehensive plans for 1997. All of these activities happened within the first six months of 1996.

During the second and third quarters, monitoring visits were conducted to monitor and assist the LGUs in meeting their other benchmarks. Documents were reviewed and the appropriate feedback given to the local staff.

In all of these activities, great care was taken to involve the DOH national and regional staff and ensure sustainability of the assistance provided to the LGUs. Below is a summary/description of the results of these technical assistance activities as reflected in the status of benchmark accomplishments of the LGUs:

a. For the LPP-participating LGUs in 1995: Red/Green

PMTAT assisted and monitored their LGUs to comply with the 1995 Annual Benchmarks. This led to 28 of the 30 participating LGUs to meet the benchmarks by December 1995.

b. For the 19 newly selected or Blue LGUs

b.1 Orientation

All newly selected 19 LGUs were visited and oriented on the IFPMHP and the LPP in particular. The LGU officials were given guidelines on how the LGU could participate/join in the LPP.

b.2 Development of 1997 comprehensive plans

To date, all 19 LGUs had already submitted the first draft of their 1997 plans. Sixteen LGUs are already working on the second draft while the second draft of the plans of two LGUs are already undergoing review by DOH staff.

b.3 Operational CDLMIS

All nineteen LGUs have already been certified as having an operational CDLMIS.

b.4 Issuance of Administrative Order

Twelve LGUs have already complied with this benchmark. The remaining seven are awaiting the approval of their respective local chief executives.

c. For the second batch of LGUs (Green)

They were given an orientation on the LPP Implementing Guidelines which prepared them on what to do prior to the receipt of their grant. This orientation helped them become familiar with the MOA provisions, helped them establish systems for facilitating their procurement and utilization of funds. They were also given guidance on other implementation arrangements they have to establish to facilitate implementation of the LPP.

d. For the 28 continuing LGUs.

d.1 Development of 1997 Comprehensive Plans

Twenty four LGUs have submitted at least the first draft of their 1997 plans. Twenty three are already working on their second drafts. Three LGUs have yet to submit a copy of their 1997 plans.

d.2 CDLMIS benchmark

All twenty eight continuing LGUs have already met their CDLMIS benchmarks.

d.3 System for data collection for FP, EPI, CDD, CARI AND Micronutrient Supplementation

Fourteen LGUs have already submitted to the regional offices their FHSIS reports in compliance to this benchmark. The remaining 14 are awaiting the completion of their reports for the first two quarters of 1996.

d.4 A functional LGU procurement tracking system

Fifteen LGUs have already updated their procurement tracking forms while the remaining thirteen are still working on this benchmark.

d.5 Training benchmark

Twelve LGUs have already complied with the training benchmarks. Training activities are still ongoing in the other sixteen. There are however 4 LGUs in which scheduled training courses have yet to be initiated.

Under the EDF Subcontract a total of 143 FP courses were conducted with 2,763 health care providers trained. Below is a summary of the type of courses and the categories of health workers trained.

Training Courses	Categories of Health Workers Trained			
	Physicians	Nurses	Midwives	Total
Basic FP	14	25	326	365
Basic Compre	89	165	564	818
ICS	43	142	367	552
DMPA	54	159	667	880
Others	19	89	40	48
Total	219	580	1964	2763

Table 1. Summary of FP Training Courses Conducted and Categories of Health Workers Trained - September 1, 1995 to September 31, 1996.

While the accomplishments of the PMTAT for the project year have been substantial, more work needs to be done within the next four weeks to ensure that the 1996 IFPMHP benchmarks are met and complied with.

4. Technical Assistance/Short Term Consultant Visits during the period: September 1, 1995 to September 30, 1996.

Name of Consultant	Date of Visit	Tasks Completed
Frederick White	Sept. 6 - Oct. 20, 1995	1) Project start-up; establishment of banking, administrative and financial systems 2) Discussions/negotiations with USAID/Subcontractors 3) Subcontract development for DA and EDF subcontracts 4) Participant in Team Orientation Workshop
Margaret Hume	Oct. 12-24, 1995	1) Participant on Team Orientation Workshop 2) Technical discussion with the PMTAT regarding project strategies
John Pollock	Oct 16-24, 1995	Primary facilitator for the Team Orientation Workshops
Edward Dennison	May 14-22, 1996	Provided assistance to the Training Advisor in the development of the Training Strategy and preparation of a plan for the procurement of training equipment and supplies 2) Resolved administrative and budget issues relative to the work of Training Advisor 3) Discussions with COP and MSH Team
Malcolm Bryant	Aug. 16-31, 1996	1) Reviewed and finalized needed modification to the contract 2) Facilitated resolution of issues concerning the work of and relationships with subcontractors EDF and DA

10 January 1997

Mr. P.E. Balakrishnan

Contracting Officers' Technical Representative
OPHN-USAID
Manila

Dear **Mr. Balakrishnan**,

We are respectfully submitting the PMTAT Annual Report covering the period September 1, 1995 to September 30, 1996.

Attached to the report (part B) is a financial report of expenditures under the contract for the same period and projected expenditures for the next quarter.

We are also in the process of finalizing the PMTAT Strategic Plan for October, 1996 - February, 2000 and the 1997 PMTAT Operational Plan. We shall submit these documents as soon as we are able to complete them.

Hoping that everything is in order.

Very truly yours,

JOSE R. RODRIGUEZ, M.D., M.P.H.

Chief of Party
MSH-PMTAT